

www.mass.gov/abcc

LICENSE NUME	BER: 060200001	C	ITY OR TOWN LENC	X
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
DOING BUSINE	ME: BENNINGTON I	•		
ADDRESS 16 CF				
CITY/TOWN: L	LENOX	STATE: MA	ZIP CODE: 01240)
MANAGER: SO	OTO, B.P. JR. TY	YPE OF LICENSE: Innhol	lder CATEGO	RY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR VOTE LICENSED PREM	WEBSITE AND ENTER YOUR EMAII	L ADDRESS	
HALLS,BATHRO BATHROOMS,1 CELLAR,SECTION	OOMS,KITCHEN,FOO 9 BEDROOMS, 3RD ON FOR STORAGE. (ROOMS CLOSETS, 2N	
•	nd swear under penaltie			
		of the same type for the same	=	
	•	th all laws of the Commor or business (If not explain	•	and
		- Cusiness (ii nov enpium		
SIGNED BY	Individual Partne	er or Authorized Corporat	e Officer	
	marviduai, i artik	er of Authorized Corporat		
	marviduai, i arm	er of Authorized Corporat		
DATE			EMPLOYED IDENTIFI	CICATION NUMBER
DATE:		NE NUMBER:	EMPLOYER IDENTII (Note: NOT Individual So	FICATION NUMBER:
We the undersig Acts of 2004, sig	TELEPHO gned, attest that we ar gned by the building in		(Note: <u>NOT</u> Individual So ertificate required by C f the fire department for	hapter 304 of the r the above
We the undersig Acts of 2004, sig named license an	TELEPHO gned, attest that we ar gned by the building in nd (2) the certificate (NE NUMBER: re in possession (1) the conspector and the head of of liquor liability insuran	(Note: <u>NOT</u> Individual So ertificate required by C f the fire department for	hapter 304 of the r the above r 116 of the Acts
We the undersig Acts of 2004, sig named license at of 2010. Please Check Below: APPROVED:	TELEPHO gned, attest that we ar gned by the building in nd (2) the certificate (NE NUMBER: re in possession (1) the conspector and the head of biguor liability insuran	(Note: <u>NOT</u> Individual So ertificate required by C f the fire department for nce required by Chapte	hapter 304 of the r the above r 116 of the Acts
We the undersig Acts of 2004, sig named license at of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHO gned, attest that we ar gned by the building in nd (2) the certificate of	NE NUMBER: re in possession (1) the conspector and the head of biguor liability insuran	(Note: NOT Individual So ertificate required by C f the fire department for nce required by Chapte LOCAL LICENSING AU	hapter 304 of the r the above r 116 of the Acts
We the undersig Acts of 2004, sig named license at of 2010. Please Check Below: APPROVED:	TELEPHO gned, attest that we ar gned by the building in nd (2) the certificate of	NE NUMBER: re in possession (1) the conspector and the head of biguor liability insuran	(Note: NOT Individual So ertificate required by C f the fire department for nce required by Chapte LOCAL LICENSING AU	hapter 304 of the r the above r 116 of the Acts
We the undersig Acts of 2004, sig named license at of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHO gned, attest that we ar gned by the building in nd (2) the certificate of	NE NUMBER: re in possession (1) the conspector and the head of biguor liability insuran	(Note: NOT Individual So ertificate required by C f the fire department for nce required by Chapte LOCAL LICENSING AU	hapter 304 of the r the above r 116 of the Acts



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LICENSE NUMBER	:060200003		CITY OR T	OWN	LENOX	
APPLICATION FOR	RENEWAL:	Annual	Ι	ICEN	SED FOR 2	2013
		CLASS				YEAR
LICENSEE NAME:		ERPRISES INC.				
DOING BUSINESS						
ADDRESS 80 CHUR						
CITY/TOWN: LEN	OX	STATE: MA	ZIP COI	DE:	01240	
MANAGER: LUCI	E, JAMES J. TY	PE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF I						_
2 STORY BLDG. DE STORAGE. ENTRA			AND GALLE	RY; C	ELLAR FO	R
I hereby certify and sv	wear under penaltie	es of perjury that:				
1. the renewe	ed license will be o	f the same type for th	e same premise	es now	licensed;	
	•	th all laws of the Com		ating to	o taxes; and	
3. the premis	es are now open fo	or business (If not exp	olain below)			
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer			
	,	·				
DATE:	TELEPHO	NE NUMBER:	EMF	LOYER	R IDENTIFICA	TION NUMBER:
	TEELI IIO	VE IVOIVIDER.	(Note: <u>N</u>	OT Ind	lividual Social	Security Number)
Wo the and out one d			h a aaw4:6: aa4a -	:	ad haa Cham	40 20.4 of 4h o
We the undersigned Acts of 2004, signed						
named license and (of 2010.	2) the certificate of	of liquor liability ins	urance requir	ed by	Chapter 11	6 of the Acts
Please Check Below:			LOCAL L	ICENS	SING AUTH	IORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	in)					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVE	ИBER (M	I.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER: 060200004		CITY OR TOWN	LENOX		
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013		
	CLASS		YEAR		
LICENSEE NAME: LENOX RESTAUL	RANT GORUP, INC				
DOING BUSINESS A					
ADDRESS 65 CHURCH ST.					
CITY/TOWN: LENOX	STATE: MA	ZIP CODE:	01240		
MANAGER: FERIOLI, MOLLY TYP	E OF LICENSE: Rest	taurant C	ATEGORY: All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WE	CBSITE AND ENTER YOUR EM	AIL ADDRESS			
DESCRIPTION OF LICENSED PREMIS	SES:				
RESTAURANT LOCATED IN THE BLI SEATING CAPACITY OF 60 PERSONS SEATING CAPACITY OF 42 PERSONS	S. ADDTIONAL SEA	TING ON 2 POR	CHES WITH		
I hereby certify and swear under penalties	of perjury that:				
1. the renewed license will be of the same type for the same premises now licensed;					
2. the licensee has complied with		C	o taxes; and		
3. the premises are now open for	business (If not expla	in below)			
SIGNED BY					
	or Authorized Corpor	rate Officer			
	or Authorized Corpor	rate Officer			
	or Authorized Corpor	rate Officer			
Individual, Partner			R IDENTIFICATION NUMBER		
		EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)		
Individual, Partner	E NUMBER: in possession (1) the pector and the head	EMPLOYE (Note: NOT In certificate requir of the fire depart	ed by Chapter 304 of the ment for the above		
DATE: TELEPHONE We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of	E NUMBER: in possession (1) the pector and the head	EMPLOYE (Note: <u>NOT</u> In certificate requir of the fire depart rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts		
DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	E NUMBER: in possession (1) the pector and the head	EMPLOYE (Note: <u>NOT</u> In certificate requir of the fire depart rance required by	ed by Chapter 304 of the ment for the above		
DATE: TELEPHONE We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the pector and the head	EMPLOYE (Note: NOT In certificate require of the fire depart rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts		
DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	E NUMBER: in possession (1) the pector and the head	EMPLOYE (Note: NOT In certificate require of the fire depart rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts		
DATE: TELEPHONE We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the pector and the head	EMPLOYE (Note: NOT In certificate require of the fire depart rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060200005	(CITY OR TOWN LENOX
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ROSEBOROUGH	GRILL, INC.	
DOING BUSINESS A FIREFLY		
ADDRESS 71 CHURCH STREET		
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240
MANAGER: WILLNAUER,SHA TYI CK LAURA	PE OF LICENSE: Resta	nurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PREMIS		
110 SQ FT OF SPACE LOCATED AT T BLDG AND THE AREA ADJACENT T EXITS ARE FROM THE DECKS AT TH	O THE ALLEY DIRE	CTLY SOUTH. ENTRANCES AND
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of	the same type for the same	ame premises now licensed;
2. the licensee has complied with	all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open for	business (If not explain	n below)
SIGNED BY Individual, Partner	or Authorized Corpora	ate Officer
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	spector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060200006		CITY OR TOWN LENOX	
APPLICATION FOR RENEWAL:	: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: FITZPATRI	CK HOLDINGS, LLC		
DOING BUSINESS A BLANTYF	RE		
ADDRESS 16 EAST ST			
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240	
MANAGER: BROWN, JOANN	F. TYPE OF LICENSE: Inn	holder CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
MAIN BLDG; BASEMENT; BAR FLR; 14 GUEST ROOMS, 3RD FI SERVICE OF AB,TENNIS COUR AB,PORCHES,PATIO FOR SERV	LR;3 GUEST ROOMS. AL RTS AND ADJACENT ARE	L IN MAIN BLDG TO BE US EAS FOR SERVICE OF	
I hereby certify and swear under pe			
	• •	same premises now licensed;	
-	ed with all laws of the Comm ben for business (If not expla	nonwealth relating to taxes; and	1
5. the premises are now of	th for business (if not expire	ani below)	
SIGNED BY			
Individual, l	Partner or Authorized Corpo	orate Officer	
D. A. ITTE			
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Socia	
		(110to: 1101) Individual Socia	i Security Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head	d of the fire department for th	ie above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0602000	07	CITY OR TOWN LENOX	
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2013	
	CLASS	YEAI	R
LICENSEE NAME: ACGAL	ENTERPRISES, INC.		
DOING BUSINESS A PRIME	STEAKHOUSE & BAR		
ADDRESS 15/17 FRANKLIN	STREET		
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240	
MANAGER: GALLO,	TYPE OF LICENSE: Res	staurant CATEGORY: All A	Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
KITCHEN, TWO BATHROOM	MS, OFFICE, STORAGE AREA NKLIN ST. OUTDOOR PATIO		
2. the licensee has com	will be of the same type for the	nonwealth relating to taxes; and	
SIGNED BY Individu	al, Partner or Authorized Corpo	orate Officer	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security	
Acts of 2004, signed by the bo	uilding inspector and the head	e certificate required by Chapter 304 I of the fire department for the above rance required by Chapter 116 of th	e
Please Check Below: APPROVED: DISAPPROVED: [If disapproved explain]		LOCAL LICENSING AUTHORITY By:	Y
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	060200009		CITYOR	IOWN LENUX	
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TUCON, CORP.				
DOING BUSINESS A	OLDE HERITA	GE TAVERN			
ADDRESS 12 HOUS	ATONIC ST.				
CITY/TOWN: LENC	OX	STATE: MA	ZIP C	ODE: 01240	
MANAGER: MCNI	NCH, JOHN TY	PE OF LICENSE:	nnholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:			
2 ENTRANCES IN FI ALL ARE EXITS ALS BATHS; 3RD FLR;1	SO. FIRST FLOO				
I hereby certify and sw	ear under penaltie	s of perjury that:			
1. the renewed	d license will be of	f the same type for the	he same prem	ises now licensed;	
2. the licensee	e has complied with	h all laws of the Cor	mmonwealth 1	relating to taxes; and	
3. the premise	es are now open for	r business (If not ex	plain below)		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Office	r	
DATE:	TELEPHON	NE NUMBER:		MPLOYER IDENTIFICAT : NOT Individual Social S	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the he	ad of the fire	e department for the	above
Please Check Below:			LOCAL	LICENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)			-	 '
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	60200018		CITY OR TO	OWN LENOX	
APPLICATION FOR R	ENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: W DOING BUSINESS A		LE			
ADDRESS 355 PITTSF	FIELD RD.				
CITY/TOWN: LENOX	K	STATE: M	A ZIP COD	E: 01240	
MANAGER:	TYP	E OF LICENSE:	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LIC					
TWO ROOMS SITUAT AND EXIT OFF PITTS		COND FLOOR A	ND ADJOINING	PORCH. ENTR	ANCE
2. the licensee l	license will be of the complied with a complied with a care now open for b	he same type for all laws of the Co	ommonwealth rela		I
SIGNED BY	ndividual, Partner o	or Authorized Co	rporate Officer		
DATE:	TELEPHONE	E NUMBER:		OYER IDENTIFICA	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building insp	pector and the h	ead of the fire de	epartment for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIG	CENSING AUTE	HORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060200	J19	CITY OR TOWN LENGA	
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR 20	13
	CLASS	,	YEAR
LICENSEE NAME: STORA	N, INC.		
DOING BUSINESS A LUAU	HALE		
ADDRESS 490 PITTSFIELD	RD.		
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240	
MANAGER: WOO, JOANN	NE TYPE OF LICENSE: Re	estaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
ENTRANCE AND EXIT ON KITCHEN. CELLAR FOR ST		OR, TWO DINING ROOMS AND	
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	e will be of the same type for the	e same premises now licensed;	
	•	nmonwealth relating to taxes; and	
3. the premises are no	w open for business (If not exp	lain below)	
SIGNED BY			
	ual, Partner or Authorized Corp	oorate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATI	ION NUMBER:
		(Note: NOT Individual Social Se	ecurity Number)
Acts of 2004, signed by the b	ouilding inspector and the hea	he certificate required by Chapte ad of the fire department for the urance required by Chapter 116	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUM	IBER: 060200020		CITY OR TOWN	LENOX
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: HALPIN'S GRUE	& GROG INC.		
DOING BUSIN	ESS A			
ADDRESS 490	PITTSFIELD RD.			
CITY/TOWN:	LENOX	STATE: MA	ZIP CODE:	01240
MANAGER: I	HALPIN,JEFFREY TY	PE OF LICENSE:	destaurant C.	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED PREM			
ONE FLOOR ST DISHWASHING	FRUCTURE,TWO DIN G ROOMS	ING ROOMS,KITC	HEN,REST ROOMS	,PREP ROOM,
I hereby certify a	and swear under penaltie	s of perjury that:		
	enewed license will be of	• •	-	
	censee has complied wit		_	o taxes; and
3. the pr	remises are now open fo	r business (If not ex	plain below)	
SIGNED BY	Individual Partne	er or Authorized Cor	norate Officer	
	marvidadi, i ditik	i oi ridiioiized coi	portite Officer	
DATE:	TEI EPHON	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
	TEEEI IIOI	AL IVONIBLIK.	(Note: NOT Inc	dividual Social Security Number)
We the underes	ioned attact that we are	o in magaagian (1)	ha aautifiaata uaaniu	ad by Chanton 204 of the
	igned, attest that we ar igned by the building ir			ed by Chapter 304 of the ment for the above
	and (2) the certificate of	of liquor liability in	surance required by	Chapter 116 of the Acts
of 2010.				
Please Check Below APPROVED:	<u>/:</u>			SING AUTHORITY
DISAPPROVED: [By:	
(If disapproved 6				
Tr	· /			
DATE:				



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LICENSE NUMBE	R: 060200021		CITY OR TOV	VN LENOX	
APPLICATION FC	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: ZHENG'S GROU	P, INC			
DOING BUSINESS	S A PANDA HOUSE	E CHINESE RESTA	URANT		
ADDRESS 505 PIT	TSFIELD RD.				
CITY/TOWN: LE	NOX	STATE: MA	ZIP CODE	: 01240	
MANAGER: CHI	EN, RICHARD TY	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	LICENSED PREMI				
SINGLE STORY B STORAGE	LDG,CONTAINING	G 6 ROOMS,3 DININ	NG ROOMS, 2 K	ITCHENS AND	
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	wed license will be of	the same type for the	e same premises i	now licensed;	
2. the licen	see has complied with	h all laws of the Com	monwealth relation	ng to taxes; and	
3. the prem	nises are now open for	r business (If not exp	lain below)		
SIGNED BY	Individual Partne	r or Authorized Corp	orate Officer		
	morvidual, raime	r or rumorized corp			
DATE:	TEI EDUON	NE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
	TELEFHOR	NE NUMBER.		☐ Individual Social S	
					204 84
	ed, attest that we are ed by the building in				
	(2) the certificate o				
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
DATE:					
APPLICATION FOR RENE	EWAL MUST BE FILED BY I	LICENSEES DURING THE N	MONTH OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060200024	C	CITY OR TOWN LENOX	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: GARTER INN M	IANAGEMENT, LLC		
DOING BUSINESS A GATEWAYS I	NN		
ADDRESS 51 WALKER ST.			
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240	
MANAGER: GAZIT, EIRAN T	YPE OF LICENSE: Innho	older CATEGORY:	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
TWO STORY FRAME BLDG; 1ST FI LOUNGE,PANTRY,3 BATHS. 2ND F BATHS,ATTIC, CELLAR FOR HEAT MAIN ENTRANCE ON WALKER ST	LR; 8 BEDROOMS,LAF ING AND STORAGE A	RGE SUITE, 9 PRIVATE	PATIO.
1. the renewed license will be c 2. the licensee has complied wi 3. the premises are now open for	of the same type for the sa th all laws of the Commo	onwealth relating to taxes; and	
SIGNED BY Individual, Partn	er or Authorized Corpora	ate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we as Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head o	of the fire department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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LICENSE NUMBER:	060200029		CITY	OR TOW	N LENG	XC	
APPLICATION FOR	RENEWAL:	Annual		LIC	ENSED F	OR 20	13
		CLASS				,	YEAR
LICENSEE NAME:	APPLE TREE IN	N, INC					
DOING BUSINESS A	A APPLE TREE IN	IN & RESTAURAN	T				
ADDRESS 10 RICHN	MOND MOUNTAI	N RD					
CITY/TOWN: LENC	OX	STATE: MA	ZI	P CODE:	0124	10	
MANAGER: WALI SHAR	*	PE OF LICENSE: In	nholder		CATEGO	ORY:	All Alcohol
EMAIL ADDRESS:							
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	EMAIL ADD	RESS			
DESCRIPTION OF L	ICENSED PREMI	SES:					
MAIN HOUSE;FIRST BATHS,DINING TEI ROOMS,3 BATHS. M BASEMENT. ENTRA	RRACE,DINING R MOTEL; 20 ROOM	OOM,2ND FLR;10 S,18 BATHS,CONF	BEDRO	OMS,8 E	BATHS, 31	RD FL	R ;6
I hereby certify and sv	vear under penalties	s of perjury that:					
1. the renewe	d license will be of	the same type for the	e same p	remises n	ow license	ed;	
	•	all laws of the Com			ng to taxes	; and	
3. the premise	es are now open for	business (If not exp	lain belo	ow)			
SIGNED BY	Individual, Partner	r or Authorized Corp	orate Of	ficer			
DATE:	TELEPHON	IE NUMBER:	(1				ON NUMBER:
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the hea	d of the	fire dep	artment fo	or the	above
Please Check Below:			LOC	CAL LICE	ENSING A	UTHC	RITY
APPROVED:			By:				
DISAPPROVED:							
(If disapproved explai	n)						
			-				
DATE:							



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CITY OR TOWN LENOX
al LICENSED FOR 2013
SS YEAR
R,INC.
MA ZIP CODE: 01240
SE:Package Store CATEGORY: All Alcohol
YOUR EMAIL ADDRESS
e Commonwealth relating to taxes; and of explain below) I Corporate Officer
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
LOCAL LICENSING AUTHORITY
By:
·
G THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 060200033		CITY OR TOW	N LENUX	
APPLICATION	N FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	ME: LOEBS FOODTO		2.		
ADDRESS 42	MAIN ST.				
CITY/TOWN:	LENOX	STATE: MA	ZIP CODE:	01240	
MANAGER:	ALBERT, EARL W TYP	PE OF LICENSE:Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMIS	SES:			
FULL CELLAR HOUSATONIO	R, RETAIL SALES AREA C ST	"STREET LEVEL. E	NTRANCE ANI	EXIT ON	
2. the l	renewed license will be of the complice with premises are now open for	all laws of the Comm	nonwealth relating		
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICE By:	NSING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 060200034		CITY OR TOV	WN LENUX	
APPLICATIO	N FOR RENEWAL	: Annual	LIC	CENSED FOR 2	.013
		CLASS			YEAR
	AME: WILLDOO! NESS A TANNER!				
ADDRESS 2	CRYSTAL ST				
CITY/TOWN	: LENOX	STATE: MA	ZIP CODE	: 01240	
MANAGER:	CRAWFORD, DONNA J	TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISI	TT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED P				
ONE FLOOR, STORAGE	, TWO DOORS ON	CRYSTAL ST FOR ENT	RANCE AND EX	IT. CELLAR F	OR
SIGNED BY		pen for business (If not exp			
DATE:	TELE	PHONE NUMBER:		OYER IDENTIFICA	
Please Check Bel APPROVED: DISAPPROV (If disapprove	ED:		LOCAL LICE	ENSING AUTH	ORITY
DATE:					
<i>ν</i> /11 <i>ι</i> .					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 060200035		CITY OR TOWN	LENOX
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	O'BRIEN'S MARK	ET, INC		
DOING BUSINESS	A O'BRIEN'S MAR	KET		
ADDRESS 84 MAI	N ST			
CITY/TOWN: LEN	NOX	STATE: MA	ZIP CODE:	01240
MANAGER: O'BF W.	RIEN, DANIEL TYI	PE OF LICENSE: Pac	ekage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
	FLOOR OF TWO ST EXIT ON MAIN ST.			
2. the licens	yed license will be of see has complied with ses are now open for	all laws of the Comm	nonwealth relating to	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
D.A.TE				
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:				ING AUTHORITY
DISAPPROVED:			By:	
(If disapproved explain	ain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	2K: 060200036		CITY OR TOV	VIN LENUA	
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: INTERNATI	ONAL BEVERAGE CE	NTER, INC.		
DOING BUSINES	S A NEJAIMIE	S WINE & LIQUOR			
ADDRESS 444 PI	TTSFIELD LEN	OX			
CITY/TOWN: LE	ENOX	STATE: MA	ZIP CODE	: 01240	
MANAGER: NE	JAIME, HEIDI	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION O	F LICENSED PR	REMISES:			
		EAST SIDE OF THE PR ER OF BLDG. ENTRAM			
2. the licer	nsee has complied	be of the same type for the d with all laws of the Coren for business (If not exp	nmonwealth relatii		
	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEP	PHONE NUMBER:		YER IDENTIFICATE	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] blain)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J60200037		CITY	OR TOWN	LENUX	
APPLICATION FOR I	RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS	1			YEAR
LICENSEE NAME: DOING BUSINESS A	PRICE CH	OPPERS	CO OF MAS	SACHUSE	TTS,INC.	
ADDRESS 495 PITTS						
CITY/TOWN: LENO	X	STATE: 1	MA ZI	P CODE:	01240	
MANAGER: COLLI	NS, JIM	TYPE OF LICENSI	E:Package St	tore (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
		Γ OUR WEBSITE AND ENTER YO	OUR EMAIL ADDI	RESS		
DESCRIPTION OF LI			ENITED IZNI	OWDI AGE		N A 75
LOCATED AT 663 PI LENOX. CONSISTING				OWN AS	THE CENTER	KAI
3. the premise: SIGNED BY	s are now op	ed with all laws of the Coen for business (If not	explain belo	w)	to taxes; and	
DATE:	TELE	PHONE NUMBER:	(1			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOC By:	AL LICEN	ISING AUTH	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06020003	38	CITY OR TOWN LENOX	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: D. JEFFR	REY MOONEY AND JULIE	MOONEY	
DOING BUSINESS A MOON	SHINE'S PACKAGE & VAR	IETY	
ADDRESS 397 WALKER ST			
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240	
MANAGER: MOONEY, M J	. TYPE OF LICENSE: Pa	ckage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
I hereby certify and swear under 1. the renewed license of the licensee has compared to the licensee h	penalties of perjury that: will be of the same type for the	e same premises now licensed; monwealth relating to taxes; and lain below)	
SIGNED BY Individua	al, Partner or Authorized Corp	orate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060200040	•	CITY OR TOWN LENOX	
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SATYAM I	JQ, INC.		
DOING BUSINESS A ECONO L	ODGE-LENOX		
ADDRESS 130 PITTSFIELD RD.			
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240	
MANAGER: PANDYA, SWETA	A TYPE OF LICENSE: Innh	older CATEGORY	: All Alcohol
EMAIL ADDRESS:			
	T OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED P COMMERCIAL BLDG WITH DI LINEN AND BAR STORAGE, W ON GROUND FLOOR, TOGETHI EXIT. 175 SEATING CAPACITY	NING ROOM, COCKTAIL I ALK IN COOLERS,FOUR MER WITH A SWIMMING PO	MEETING ROOMS AND LO OOL AND PATIO ENTRANG	BBY ALL
	l be of the same type for the s	ame premises now licensed; onwealth relating to taxes; and	I
•	oen for business (If not explai	•	
SIGNED BY Individual,	Partner or Authorized Corpor	ate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head	of the fire department for th	ie above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060200043	C	ITY OR TOWN LENOX	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: CRANWELL N	MANAGEMENT CORPOR	ATION	
DOING BUSINESS A CRANWELL	RESORT, SPA & GOLF O	CLUB	
ADDRESS 55 LEE ROAD			
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240	
MANAGER: PRATT, CARL R.	ΓΥΡΕ OF LICENSE: Innhol	lder CATEGORY: All Alcohol	l
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU DESCRIPTION OF LICENSED PRE	R WEBSITE AND ENTER YOUR EMAII MISES:	L ADDRESS	
I hereby certify and swear under penal 1. the renewed license will be 2. the licensee has complied v 3. the premises are now open	of the same type for the sar with all laws of the Common	nwealth relating to taxes; and	
SIGNED BY Individual, Part	ener or Authorized Corporat	te Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the building		ertificate required by Chapter 304 of the	
named license and (2) the certificate of 2010.		nce required by Chapter 116 of the Acts	,
	e of liquor liability insurar		•



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0602	00054	CITY OF	R TOWN LENOX	
APPLICATION FOR REN	EWAL: Ann	ual	LICENSED FOR 20	013
	CLA	SS		YEAR
LICENSEE NAME: W.L.	S. RESTAURANT CONCI	EPTS, INC.		
DOING BUSINESS A TH	E ARIZONA PIZZA COM	PANY		
ADDRESS 395 PITTSFIEL	LD RD			
CITY/TOWN: LENOX	STATE:	MA ZIP C	CODE: 01240	
MANAGER: KIRCHNEI	R, GINA TYPE OF LICEN	ISE: Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTE	R YOUR EMAIL ADDRESS	S	_
DESCRIPTION OF LICEN				
CONSISTING OF TWO FI KITCHEN, SECOND FLO				
REAR ENTRANCES. OU		STORAGE, PROP	VI LEI'I SIDE AND I	2121-1
I hereby certify and swear u				
	nse will be of the same type complied with all laws of th	-		
	now open for business (If r			
	now open for ousiness (if i			
SIGNED BY				
	vidual, Partner or Authorize	d Corporate Office	er	
DATE:	TELEPHONE NUMBER:	•	EMPLOYER IDENTIFICAT	
		(Note	e: NOT Individual Social S	ecurity Number)
We the undersigned, atte	st that we are in possession	n (1) the certifica	te required by Chapt	er 304 of the
	e building inspector and t certificate of liquor liabil		_	
of 2010.	ceruncate of inquot nami	ity insurance req	unted by Chapter 110	of the Acts
Please Check Below:		LOCAI	LICENSING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	060200056		CITY OR TO	WN LENUX	
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	A A & M, INC				
DOING BUSINESS A	A TRATTORIA	IL VESUVIO			
ADDRESS 242 PITTS	SFIELD-LENOX	K RD			
CITY/TOWN: LENC	OX	STATE: MA	ZIP COD	E: 01240	
MANAGER: ARAC	E, ANNA T	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PRE	MISES:			
ONE TAP ROOM,ON STOCK	E DINING RO	OM AND ONE KITCH	HEN ON FIRST	FLOOR. CELLA	R FOR
I hereby certify and sw	vear under penal	ties of perjury that:			
1. the renewe	d license will be	of the same type for th	e same premises	now licensed;	
2. the licenses	e has complied w	vith all laws of the Com	monwealth relat	ting to taxes; and	
3. the premise	es are now open	for business (If not exp	lain below)		
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer		
	,				
DATE:	TEI EDU	ONE NUMBER:	EMPI.	OYER IDENTIFICA	TION NUMBER:
	TELLIT	ONE NUMBER.		T Individual Social S	
Acts of 2004, signed	by the building	are in possession (1) the inspector and the heat of liquor liability ins	ad of the fire de	partment for the	e above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)		-		
DATE:			-		
DAIL.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 060200061		CITY OR TOWN LENOX
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
	ME: GABAGOOL I	LLC RISTORANTE ITALIANO	0
ADDRESS 80 M	IAIN ST		
CITY/TOWN:	LENOX	STATE: MA	ZIP CODE: 01240
MANAGER: F	ERIOLI, TEPHANE	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRE	SS:		
		UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
	OF LICENSED PRE		SE A SON
	ONE FLOOR PLU	S OUTDOOR PORCH IN	SEASUN
			
	emises are now open	with all laws of the Commo	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, sig	gned by the building	g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED (If disapproved e):		LOCAL LICENSING AUTHORITY By:
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060200063		CITY OR TOWN LENOX
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ANTS IN THE PA DOING BUSINESS A BISTRO ZINC ADDRESS 56 CHURCH STREET	ANTS, LLC	
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240
MANAGER: MACIOGE, JASON TY G.	PE OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR V DESCRIPTION OF LICENSED PREM	WEBSITE AND ENTER YOUR EM ISES:	IAIL ADDRESS
I hereby certify and swear under penaltic 1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open fo	f the same type for the	nonwealth relating to taxes; and
SIGNED BY Individual, Partne	er or Authorized Corpo	rate Officer
DATE: TELEPHOI	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	nspector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0602000	100	CITY OR TOWN LENOX
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CHAME DOING BUSINESS A THE Y		
ADDRESS 461 PITTSFIELD		
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240
	2	
MANAGER: TOOLE, JOSE M.	PH TYPE OF LICENSE: In	nholder CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSE	VISIT OUR WEBSITE AND ENTER YOUR E D PREMISES:	MAIL ADDRESS
2. the licensee has con	will be of the same type for the	monwealth relating to taxes; and
SIGNED BY Individu	al, Partner or Authorized Corp	orate Officer
DATE: TI	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the b	uilding inspector and the hea	ne certificate required by Chapter 304 of the d of the fire department for the above urance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	060200066		CITY O	R TOWN	LENOX	
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	LENOX CLUB OF L	ENOX,INC				
DOING BUSINESS A	LENOX CLUB OF	LENOX				
ADDRESS 111 YOKU	JN ST					
CITY/TOWN: LENC	OX	STATE: MA	ZIP	CODE:	01240	
MANAGER: PULLA M.	ARO, DAVID TYPE	OF LICENSE:Cl	ub	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRE	SS		_
DESCRIPTION OF L	ICENSED PREMISES	S:				
19TH CENTURY CO AS A PRIVATE SOC SIX FUNCTION ROC	IAL CLUB HAVING	FEWER THAN 2	200 MEM	BERS. L	ARGE KITCH	IEN AND
I hereby certify and sw	ear under penalties of	perjury that:				
1. the renewed	l license will be of the	same type for the	e same pre	mises nov	w licensed;	
	has complied with al			_	to taxes; and	
3. the premise	s are now open for bu	siness (If not expl	ain below	·)		
SIGNED BY	Individual, Partner or	Authorized Corp	orate Offi	cer		
DATE:	TELEPHONE 1	NIIMBER:		EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETHONE	WONDER.	(No	ote: <u>NOT</u> In	ndividual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building inspe	ctor and the hea	d of the fi	ire depar	tment for the	above
Please Check Below:			LOCA	L LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	1)					
DATE:						



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LICENSE NUMBER: 060)20006/		CI	I Y OK TOW	IN LENUX	
APPLICATION FOR RE	NEWAL:	Annual	1	LIC	ENSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: SH	AKESPEARE AND	COMPAN	Y, INC.			
DOING BUSINESS A S	HAKESPEARE AND	COMPA	NY			
ADDRESS 70 KEMBLE	ST.					
CITY/TOWN: LENOX	S	TATE:	MA	ZIP CODE:	01240	
MANAGER:	TYPE OF	F LICENS	E:Genera premise		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	E ALSO VISIT OUR WEBSITE	AND ENTER Y	OUR EMAIL	ADDRESS		
DESCRIPTION OF LICE						
FOUNDERS THEATER THEATRE LOBBY, COI EXTERIOR PICNIC AREAS	NCESSIONS LOBBY	,ENTRY	LOBBY			
2. the licensee ha 3. the premises a SIGNED BY	cense will be of the sa s complied with all la re now open for busin	ews of the Gress (If not	Commonv explain b	wealth relating		
DATE:	TELEPHONE NU	MBER:			YER IDENTIFICAT	
We the undersigned, att Acts of 2004, signed by named license and (2) the of 2010.	the building inspecto	or and the	head of	the fire depa	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				OCAL LICE	INSING AUTH	ORITY
DATE:			-			



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LICENSE NU	MBER: 060200068		CITY OR TOWN LENOX	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE N	AME: FOONA-LAG	OONA-BABOONA,LLC		
DOING BUSI	NESS A BETTY'S PL	ZZA SHACK		
ADDRESS 26	HOUSATONIC STRE	EET		
CITY/TOWN:	LENOX	STATE: MA	ZIP CODE: 01240	
MANAGER:	KLAUSEYER,JOAN NA	TYPE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
		UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PRE		DI DO ATIACHANA TONG	
		I'S JUST A SECOND"	BLDG. AT 26 HOUSATONIC S	SRIEET,
	premises are now open	for business (If not explain for business) (If not explain for explain for business) (If not explain for business) (If not exp		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICAT	
			(Note: NOT Individual Social S	ecurity Number)
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by Chapt I of the fire department for the rance required by Chapter 116	above
Please Check Belo			LOCAL LICENSING AUTHO	ORITY
APPROVED: DISAPPROVI			By:	
(If disapproved				
	• ′			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	060200071		CITY OR	TOWN	LENOX	
APPLICATION FOR	RENEWAL:	Annual LICENSED FOR 2013				
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A						
ADDRESS 27 HOUS						
CITY/TOWN: LENC		STATE: MA	ZIP CO	DDE:	01240	
MANAGER: ASHEI	R, WHITNEY TYP	E OF LICENSE: Re	staurant	C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	EASE ALSO VISIT OUR WEI		MAIL ADDRESS			
ONE FLOOR CONSISENTRANCE AND ON	STING OF DINING		CHEN, TWO) BATH	IROOMS, O	NE
2. the licensee 3. the premise SIGNED BY	I license will be of the has complied with a sare now open for be Individual, Partner of	all laws of the Compusiness (If not expl	monwealth reain below)	elating t		
	marviduai, i artiici (or Authorized Corp				
DATE:	TELEPHONE	E NUMBER:				TION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building insp	pector and the hea	d of the fire	depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL By:	LICENS	SING AUTH	ORITY
DATE:						



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LICENSE NUMBER:	060200072		CI	TY OR TOW	N LENOX	
APPLICATION FOR I	RENEWAL:	Annua	al	LICI	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	EDITH WHARTON	N RESTORAT	TION INC			
DOING BUSINESS A	THE MOUNT					
ADDRESS 2 PLUNKE	ETT STREET					
CITY/TOWN: LENO	X	STATE:	MA	ZIP CODE:	01240	
MANAGER: WISSL	ER, SUSAN TYP	E OF LICENS	SE:Genera premise		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEI	BSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LI						
THE FIRST FLOOR A TENTED ON THE LA			ION AND	A 40X100 F	T AREA TO BI	3
SIGNED BY	s are now open for b			·		
DATE:	TELEPHONE	E NUMBER:			YER IDENTIFICAT	
We the undersigned, Acts of 2004, signed k named license and (2) of 2010.	by the building insp	pector and th	e head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]			OCAL LICE By:	NSING AUTHO	ORITY
DATE:			-			



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LICENSE NUMBER: 060200073		CITY OR TOWN LENOX	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: JONALE LLC			
DOING BUSINESS A LOVE DOG CA	AFE		
ADDRESS 55 PITTSFIELD RD.			
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240	
MANAGER: OLCHOWSKI, I. TY ALEXANDER	YPE OF LICENSE:Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM	WEBSITE AND ENTER YOUR E ISES:	MAIL ADDRESS	
1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open for	f the same type for the	monwealth relating to taxes; and	
SIGNED BY Individual, Partne	er or Authorized Corp	orate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the hea	d of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS:	ORITY
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 060200076	(CITY OR TOWN	LENOX	
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	BHG PARTNERS L	LC			
DOING BUSINESS	A THE BERKSHIRE	HARVEST			
ADDRESS 55 PITT	SFIELD ROAD				
CITY/TOWN: LEN	IOX	STATE: MA	ZIP CODE:	01240	
MANAGER: SHA	H, RAJENDRA TYPE	OF LICENSE: Resta	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	IS:			
I hereby certify and s	swear under penalties o	f perjury that:			
	red license will be of the		=		
	ee has complied with a			taxes; and	
3. the premi	ses are now open for bu	usiness (If not explain	n below)		
SIGNED BY	Individual, Partner of	r Authorized Corpora	ate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Acts of 2004, signed	d, attest that we are ind d by the building insp (2) the certificate of li	ector and the head	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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LICENSE NUMBER	:060200078		CITY OR TO	WN LENOX	
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	Frank Newton				
DOING BUSINESS A	A The Summer W	/hite House			
ADDRESS 17 Main S	St				
CITY/TOWN: LEN	OX	STATE: MA	ZIP COD	E: 01240	
MANAGER: Newto	on, Frank T	YPE OF LICENSE: In	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF I		AISES:			
bed and breakfast, 6 g kfasd	guest rooms				
I hereby certify and sv	wear under penalti	ies of perjury that:			
1. the renewe	ed license will be	of the same type for the	e same premises	now licensed;	
2. the license	e has complied w	ith all laws of the Com	monwealth relat	ing to taxes; and	
3. the premis	es are now open f	or business (If not exp	lain below)		
SIGNED BY	Individual Partr	ner or Authorized Corp	orate Officer		
	individual, i uru	ier of Hamorizea Corp	oruce officer		
DATE:	TEI EDUC	ONE NUMBER:	EMPL	OYER IDENTIFICAT	TION NUMBER:
	TEEETTIC	ME NUMBER.		T Individual Social S	
Wo the and out one d	44 4 4 1 4	: (1) 41		and he Chan	ton 204 of the
		re in possession (1) the inspector and the hear			
named license and (of 2010.	2) the certificate	of liquor liability ins	urance require	l by Chapter 110	6 of the Acts
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY	Y LICENSEES DURING THE I	MONTH OF NOVEME	BER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	/IBER: 060200079		CHY	OR TOWN	LENUX	
APPLICATION	N FOR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NA	ME: BERKSHIRE CU	LINARY INC				
DOING BUSIN	JESS A HAVEN CAFÉ	& BAKERY				
ADDRESS 8 FI	RANKLIN STREET					
CITY/TOWN:	LENOX	STATE: MA	ZI	P CODE:	01240	
	WILLIAMS, TY SHELLY	PE OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR I	EMAIL ADDI	RESS		_
-	OF LICENSED PREM					
_	ITH ENTRANCE ON FI		O AND C	OUTSIDE S	EATING.	
•	and swear under penaltie					
	renewed license will be of	* *	•			
	icensee has complied wit premises are now open fo			Ŭ	to taxes; and	
J. tile p	remises are now open to	i business (ii not exp	iaiii beio	w)		
SIGNED BY						
2101(22 2 1	Individual, Partne	er or Authorized Corp	orate Of	ficer		
DATE:	TELEPHO	NE NUMBER:		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			[]	Note: <u>NOT</u> In	dividual Social S	Security Number)
Acts of 2004, s	signed, attest that we ar signed by the building in and (2) the certificate o	nspector and the hea	d of the	fire depart	ment for the	above
Please Check Below	<u>w:</u>		LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVE						
(If disapproved	explain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060200080	CIT	TY OR TOWN LENOX	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: FERELLE,LLC			
DOING BUSINESS A ALTA RESTAUL	RANT & WINE BAR		
ADDRESS CHURCH STREET CONDO	MINIUM 1A,34 CHURO	CH ST.	
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240	
MANAGER: FERIOLI, MOLLY TYPE B.	PE OF LICENSE: Restaur	ant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
I hereby certify and swear under penalties			
1. the renewed license will be of	· -	=	1
2. the licensee has complied with3. the premises are now open for		=	a
3. the premises are now open for	business (II not explain t	Clow)	
SIGNED BY			
SIGNED BY Individual, Partner	or Authorized Corporate	Officer	
	or Authorized Corporate	Officer	
	or Authorized Corporate	Officer	
Individual, Partner	or Authorized Corporate TE NUMBER:	EMPLOYER IDENTIFIC	
Individual, Partner			
Individual, Partner	E NUMBER: in possession (1) the cerspector and the head of	EMPLOYER IDENTIFIC (Note: NOT Individual Social strifficate required by Chathe fire department for t	pter 304 of the he above
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010. Please Check Below:	E NUMBER: in possession (1) the cerspector and the head of liquor liability insurance	EMPLOYER IDENTIFIC (Note: NOT Individual Social strifficate required by Chathe fire department for t	pter 304 of the he above 16 of the Acts
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	E NUMBER: in possession (1) the cerspector and the head of liquor liability insurance.	EMPLOYER IDENTIFIC (Note: NOT Individual Social rtificate required by Chathe fire department for the required by Chapter 1	pter 304 of the he above 16 of the Acts
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the cerspector and the head of liquor liability insurance.	EMPLOYER IDENTIFIC (Note: NOT Individual Social rtificate required by Chatthe fire department for the required by Chapter 1 OCAL LICENSING AUT	pter 304 of the he above 16 of the Acts
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	E NUMBER: in possession (1) the cerspector and the head of liquor liability insurance.	EMPLOYER IDENTIFIC (Note: NOT Individual Social rtificate required by Chatthe fire department for the required by Chapter 1 OCAL LICENSING AUT	pter 304 of the he above 16 of the Acts
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the cerspector and the head of liquor liability insurance.	EMPLOYER IDENTIFIC (Note: NOT Individual Social rtificate required by Chatthe fire department for the required by Chapter 1 OCAL LICENSING AUT	pter 304 of the he above 16 of the Acts



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LICENSE NUI	MBER: 060200081		CITY OR TOWN	LENOX
APPLICATIO	N FOR RENEWAL	: Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: SHAKESPE	ARE & COMPANY INC.		
DOING BUSI	NESS A SHAKESP	EARE & COMPANY		
ADDRESS 70	A KIMBLE STREE	ΣT		
CITY/TOWN:	LENOX	STATE: MA	ZIP CODE:	01240
MANAGER:	PUMA JR., NOCHOLAS J.	TYPE OF LICENSE: Gen	neral on C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED P			
	ER THEATER LOBI EXTERIOR PICNI	BY, CONCESSIONS LOBE C AREAS	BY, ENTRY LOBE	BY, PRODUCTIONS
I hereby certify	and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now	licensed;
2. the	licensee has complie	ed with all laws of the Comm	nonwealth relating t	to taxes; and
3. the	premises are now or	en for business (If not expla	in below)	
				_
SIGNED BY				
	Individual, l	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ling inspector and the head cate of liquor liability insur	of the fire depart	ment for the above
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	і ехріаііі)			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	060200083	(CITY OR TOWN	LENOX	
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	THE WIT GALLERY I	NC			
DOING BUSINESS A	Λ				
ADDRESS 27 CHUR	CH STREET				
CITY/TOWN: LENG	OX S	TATE: MA	ZIP CODE:	01240	
MANAGER: STRA	UCH,LYNDA TYPE OI	F LICENSE: Pack	age Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES:				
CURRANTLY ART OF TO PARKING LOT.	GALLERY ADDING RE	TAIL WINE FRO	ONT DOOR TO S	TREET REA	R EXITS
2. the license	d license will be of the sa e has complied with all la es are now open for busir	nws of the Commoness (If not explain	onwealth relating to n below)		
	Individual, Partner or A	uthorized Corpora	ate Officer		
DATE:	TELEPHONE NU	JMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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LICENSE NUME	BER: 060200084		CITY OR TOWN LENOX	
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAM	IE: NUDEL LLC			
DOING BUSINE	SS A NUDEL			
ADDRESS 35 CH	HURCH STREET S	UITE 2		
CITY/TOWN: L	ENOX	STATE: MA	ZIP CODE: 01240	
MANAGER: SO	OMLO,BJORN	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
	OF LICENSED PRE			
TO TABLE FOO		RANT-CREATIVE AME	ERICAN NOODLE BAR WWIT	TH FARM
I hereby certify ar	nd swear under pena	alties of perjury that:		
1. the ren	newed license will b	e of the same type for the	same premises now licensed;	
2. the lice	ensee has complied	with all laws of the Comm	nonwealth relating to taxes; and	
3. the pre	emises are now oper	n for business (If not expla	in below)	
SIGNED BY	L. B. M. J. D.		220	
	Individual, Pai	rtner or Authorized Corpo	rate Officer	
DATE:	TEL EDI	JONE MANDED	EMPLOYER IDENTIFICAT	FION NI IMPED
<i>5</i> 111 <i>E</i> .	TELEPF	HONE NUMBER:	(Note: NOT Individual Social S	
			e certificate required by Chapt of the fire department for the	
			rance required by Chapter 116	
of 2010.				
Please Check Below:	_		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex				
(ii disapproved ex	·P······/			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	60200085		CITY OR TOWN	LENUA	
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: P	RONTO COOKING SCH	IOOL, INC			
DOING BUSINESS A	PRONTO COOKING SC	HOOL			
ADDRESS 18D FRAN	KLIN ST				
CITY/TOWN: LENOX	X STA	ATE: MA	ZIP CODE:	01240	
MANAGER: ETLING	G, ELYLSE LTYPE OF L	ICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBSITE AND	D ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LIC					
	ENCLOSED PATIO ARE				
	ar under penalties of perju				
	license will be of the same		_		
	has complied with all laws		_	to taxes; and	
5. the premises	are now open for busines	s (11 not expiai	n below)		
SIGNED BY					
	ndividual, Partner or Auth	orized Corpor	ate Officer		
DATE:	TELEPHONE NUM	BER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT)	Individual Social S	Security Number)
We the undersigned, a	attest that we are in poss	ession (1) the	certificate requi	ired by Chapt	er 304 of the
Acts of 2004, signed b	y the building inspector	and the head	of the fire depai	rtment for the	above
named license and (2) of 2010.	the certificate of liquor	liability insur	ance required b	y Chapter 110	o of the Acts
Please Check Below:			LOCAL LICEN	IONIC ALIEU	OD ITS
APPROVED:			LOCAL LICEN	NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain))				
DATE:					



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LICENSE NUMBER: 06020008	36	CITY OR TOWN LENOX	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: MATTH	EW TANNENBAUM		
DOING BUSINESS A THE BO	OOKSTORE		
ADDRESS 11 HOUSATONIC	ST		
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240	
MANAGER: TANNENBAUM MATTHEW		neral on CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED			
RETAIL BOOKSTORE IN BUILDOCATED IN THE STORE SE		1800 SQ. FT. WINE BAR TO	BE
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	will be of the same type for the	same premises now licensed;	
2. the licensee has comp	plied with all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now	open for business (If not expla	in below)	
SIGNED BY			
Individua	ll, Partner or Authorized Corpo	rate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest the Acts of 2004, signed by the bunamed license and (2) the cert of 2010.	ilding inspector and the head	of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		Ву:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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87	CITY OR TOWN LENOX	
AL: Annual	LICENSED FOR	2013
CLASS		YEAR
HILLS INN LLC		
HILLS INN		
•		
STATE: MA	ZIP CODE: 01240	
N TYPE OF LICENSE: In	nholder CATEGORY	: All Alcohol
VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
O PREMISES:		
I, PARLOR, FORMAL DINI	NG ROOM, VERANCA, BANÇ	QUET
r penalties of perjury that:		
will be of the same type for the	e same premises now licensed;	
plied with all laws of the Com	monwealth relating to taxes; and	1
v open for business (If not exp	lain below)	
al, Partner or Authorized Corp	oorate Officer	
LEPHONE NUMBER:	EMPLOYER IDENTIFICA	
	(Note: NOT Individual Social	Security Number)
uilding inspector and the hea	nd of the fire department for th	e above
	LOCAL LICENSING AUTH	HORITY
	By:	
		
	AL: Annual CLASS HILLS INN LLC I HILLS INN STATE: MA N TYPE OF LICENSE: In VISIT OUR WEBSITE AND ENTER YOUR ID D PREMISES: M, PARLOR, FORMAL DINI IT penalties of perjury that: will be of the same type for the same type for the same type for the same type for the plied with all laws of the Common open for business (If not expended all, Partner or Authorized Corporate LEPHONE NUMBER: LEPHONE NUMBER:	AL: Annual CLASS HILLS INN LLC I HILLS INN STATE: MA ZIP CODE: 01240 N TYPE OF LICENSE: Innholder CATEGORY VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS D PREMISES: M, PARLOR, FORMAL DINING ROOM, VERANCA, BANG I penalties of perjury that: will be of the same type for the same premises now licensed; plied with all laws of the Commonwealth relating to taxes; and iv open for business (If not explain below) al, Partner or Authorized Corporate Officer ELEPHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social that we are in possession (1) the certificate required by Chapter 11 LOCAL LICENSING AUTH



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060200088		CITY OR TOWN LENGA
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: THE FREDERIC DOING BUSINESS A THE FREDERIC ADDRESS 2 KEMBLE STREET		ERAGE,INC
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240
MANAGER: HUGHES,FRANK TY		
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PREMI 13 ROOM INN WITH 30-SEAT RESTA I hereby certify and swear under penaltie 1. the renewed license will be of 2. the licensee has complied wit 3. the premises are now open fo	AURANT SUITABLE s of perjury that: f the same type for the h all laws of the Comm	E FOR INDOOR DINING. e same premises now licensed; monwealth relating to taxes; and
SIGNED BY Individual, Partne	r or Authorized Corpo	orate Officer
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ir	spector and the head	te certificate required by Chapter 304 of the d of the fire department for the above arance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060200089		CITY OR TOWN LENOX
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: EASTOVE	R HOTEL AND RESORT L	LC
DOING BUSINESS A EASTOV	ER HOTEL AND RESORT	LLC
ADDRESS 430 EAST STREET		
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240
MANAGER: PASCUCCI, WILLIAM A.	TYPE OF LICENSE: Inni	holder CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS
DESCRIPTION OF LICENSED F	PREMISES:	
	OOMCONSISTING OF BA	AND A BARGUEST ROOMSON ANQUET ROOMFORMAL BAR AND
I hereby certify and swear under p	enalties of perjury that:	
1. the renewed license wil	ll be of the same type for the	same premises now licensed;
2. the licensee has compli	ed with all laws of the Comn	nonwealth relating to taxes; and
3. the premises are now of	pen for business (If not expla	nin below)
SIGNED BY Individual,	Partner or Authorized Corpo	orate Officer
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ding inspector and the head	e certificate required by Chapter 304 of the I of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY
DISAPPROVED:		By:
(If disapproved explain)		
* '		
DATE:		



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LICENSE NUMBER: 06020009	00	CITY OR TOWN LENOX
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LILIANA	ARTEAGA- TUCKER	
DOING BUSINESS A SHOTS	CAFÉ	
ADDRESS 27D HOUSATONIO	CSTREET	
CITY/TOWN: LENOX	STATE: MA	ZIP CODE: 01240
MANAGER: ARTEAGA- TUCKER, LILILANA	TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED		
	E EARLY EVENING DURING T OF THE CAFÉ WITH AN E	YS A WEEK. 730-5PM. ALSO G SUMMER MONTHS. THE MAIN EMERGENCY EXIT ROUTE CLEARED
I hereby certify and swear under	penalties of perjury that:	
1. the renewed license v	will be of the same type for the s	same premises now licensed;
2. the licensee has comp	plied with all laws of the Comm	nonwealth relating to taxes; and
3. the premises are now	open for business (If not explain	in below)
SIGNED BY Individua	ıl, Partner or Authorized Corpor	rate Officer
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bu	ilding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 060200091		CITY	OR TOWN	LENOX	
APPLICATION FO	R RENEWAL:	Annua	ıl	LICEN	ISED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS						
ADDRESS 26 HOU	SATONIC ST					
CITY/TOWN: LEN	NOX	STATE:	MA ZI	IP CODE:	01240	
MANAGER: DRA DAN	AGONETTI, TYPE NIELLE	OF LICENS	SE: Restaurant	t C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL ADD	PRESS		
	LICENSED PREMISE					
FULL SERVICE RE EMPLOYEES	ESTAURANT WITH A	N OCCUPA	NCY OF 26	SEATS, 15 S	STANDING P	PLUS
I hereby certify and	swear under penalties of	f perjury that	:			
1. the renew	ved license will be of the	e same type f	for the same p	oremises now	licensed;	
	see has complied with al			•	to taxes; and	
3. the premi	ises are now open for bu	usiness (If no	t explain belo	ow)		
SIGNED BY	Individual, Partner or	r Authorized	Corporate Of	fficer		
DATE:	TELEPHONE	NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
			((Note: NOT In	dividual Social So	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspo (2) the certificate of li	ector and th	e head of the	e fire depart	ment for the	above
Please Check Below:			LOC	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [(If disapproved expl	ain)					
DATE:						